

UnitedHealthcare Individual Exchange/Individual and Family Plans Reimbursement Policy Update Bulletin: August 2026

New		
Policy Title	Effective Date	Summary of Changes
Routine Test Management – Allergen Testing Policy, Professional and Facility - Reminder	9/1/2026 10/1/2026 for CO, NC, NE and OH.	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. For the states of CO, NC, NE and OH, the effective date will be October 1, 2026. The new policy will: - Consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. - Consider reimbursement of specific IgE in vitro allergy testing to up to twenty allergen specific antibodies per year for individuals 20 years of age or older. - Not consider reimbursement of: - antigen leukocyte antibody testing (ALCAT), - basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies, - in vitro allergen testing using bead-based epitope assays, or - qualitative specific IgE multi-allergen screen procedure code(s) that do not identify a specific allergen. This new policy is available for review on the UnitedHealthcare website, uhcprovider.com, as of June 1, 2026.
Routine Test Management – Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility - Reminder	9/1/2026 10/1/2026 for CO, NC, NE and OH.	Chronic Liver Disease Policy, Professional and Facility. For the states of CO, NC, NE and OH, the effective date will be October 1, 2026. The new policy will: - Consider reimbursement of multianalyte assay testing up to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis B, hepatitis C, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis (MASH)) or alcoholic hepatitis. - Not consider reimbursement of certain other multianalyte assays. This new policy is available for review on the UnitedHealthcare website, uhcprovider.com, as of June 1, 2026.

New		
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Routine Test Management – In Vitro Chemotherapy Assays Policy, Professional and Facility - Reminder	9/1/2026 10/1/2026 for CO, NC, NE and OH.	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. For the states of CO, NC, NE and OH, the effective date will be October 1, 2026. The new policy will: Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. This new policy is available for review on the UnitedHealthcare website, uhcprovider.com, as of June 1, 2026.
Routine Test Management – Testosterone Policy, Professional and Facility - Reminder	9/1/2026 10/1/2026 for CO, NC, NE and OH.	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility. For the states of CO, NC, NE and OH, the effective date will be October 1, 2026. The new policy will: - Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency of reimbursement under certain conditions. - Consider reimbursement of serum free testosterone, sex hormone–binding globulin (SHBG), and/or albumin up to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. - Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone–binding globulin (SHBG), and/or albumin. - Consider reimbursement of serum estradiol up to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. - Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. - Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms. This new policy is available for review on the UnitedHealthcare website, uhcprovider.com, as of June 1, 2026.
Routine Test Management – Vitamin B12 Testing Policy,	9/1/2026	Effective for dates of service on or after September 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility. For the states of CO, NC, NE and OH, the effective date will be October 1, 2026.

New

Policy Title	Effective Date	Summary of Changes
	10/1/2026 for CO, NC, NE and OH.	The new policy will: - Consider reimbursement of total vitamin B12 testing up to once every three months. - Consider reimbursement of homocysteine testing for vitamin B12 deficiency. This new policy is available for review on the UnitedHealthcare website, uhcprovider.com, as of June 1, 2026.

Revised

Policy Title	Effective Date	Summary of Changes
CPT/HCPCS Required for Outpatient Revenue Codes – Reminder		- As a reminder, UnitedHealthcare contractual requirements provide that, for outpatient covered services, appropriate CPT/HCPCS codes, as described by the National Uniform Billing Committee (NUBC) and CPT/HCPCS code guidelines, along with the appropriate revenue code, must be submitted on the Institutional Claim form to be eligible for reimbursement. - In their guidelines, NUBC indicates if a CPT or HCPCS code must be included with a revenue code by stating either “yes” or “no”. We have identified 93 revenue codes for which NUBC is silent on the inclusion of CPT/HCPCS codes, and their guidance in these cases indicates that such inclusion is at our discretion. - To promote accurate reimbursement and reduce the risk of duplicate or inappropriate payments, UnitedHealthcare will require submission of CPT/HCPCS codes for these identified revenue codes. Effective October 1, 2026, outpatient UB-04 claims submitted by in-network facilities that include these revenue codes must include an appropriate CPT/HCPCS code that accurately reflects the services provided. Claims submitted without the required CPT/HCPCS code will not be eligible for reimbursement. Please note, this requirement is based on existing contractual obligations and not a new or revised reimbursement policy. The additional revenue codes include: 270-277, 279, 280, 289-290, 300, 370-374, 379, 413, 524-525, 527-528, 640, 660, 670 681-684, 689, 700, 721-724, 729, 760, 762, 769, 780, 800-809, 815, 870-875, 891-892, 920, 931-932, 940, 960, 990-999, 1000-1006, 2100-2106, 2109, 3101-3105 and 3109.

Code Updates

Policy Title	Effective Date	Summary of Changes
Reimbursement Policy Code Updates – Multiple Policies	N/A	In response to provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets. - The following UnitedHealthcare policies have recently been updated to include code changes: - Anatomical Modifier Requirement Policy, Professional - Assistant-at-Surgery Services, Professional - Bilateral Procedures, Facility - Bilateral Procedures, Professional

Code Updates		
Policy Title	Effective Date	Summary of Changes
		- Clinical Diagnostic Lab, Professional - Contrast & Radiopharmaceutical Materials, Professional - Co-Surgeon/Team Surgeon, Professional - Device and Skin Substitute Policy, Facility - From - To Date, Professional - Global Days, Professional - Maximum Frequency per Day CPT, Professional - MPPR for Medical and Surgical Services Policy, Professional - New Patient Visit, Professional - Outpatient Hospital Maximum Frequency Per Day (MFD), Facility - Outpatient Hospital Observation Policy, Facility - Procedure and Place of Service, Professional - Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional - Supply Policy, Professional - Time Span Codes Policy, Professional - Information regarding these code updates can be found in the history section which is located at the end of the posted policy. - Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability. - Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets. - UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Individual & Family Plan Reimbursement Policies is available UHCprovider.com > Coverage and payments > Policies and protocols > For Individual Exchange Plans > [Exchanges-Reimbursement-Policies](#).